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PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

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10/719929



UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. 1957-6012.1US

First Inventor Forsythe et al.

Title FIELD AND STORAGE CHEMICAL TEST METHOD

Express Mail Label No. EL606653815US

APPLICATION ELEMENTS		ADDRESS TO:		
See MPEP chapter 600 concerning utility patent application contents.		Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)		
2. <input checked="" type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i>		8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ol style="list-style-type: none"> <input type="checkbox"/> Computer Readable Form (CRF) <input type="checkbox"/> Specification Sequence Listing on: <ol style="list-style-type: none"> <input type="checkbox"/> CD-ROM or CD-R (2 copies); or <input type="checkbox"/> paper <input type="checkbox"/> Statements verifying identity of above copies 		
3. <input checked="" type="checkbox"/> Specification [Total Pages 19] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure 		ACCOMPANYING APPLICATIONS PARTS		
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C.113) [Total Sheets 1]		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))		
5. Oath or Declaration [Total Pages]		10. <input type="checkbox"/> 37 C.F.R.§3.73(b) Statement <input type="checkbox"/> Power of <i>(when there is an assignee)</i> Attorney		
a. <input checked="" type="checkbox"/> Newly executed (original or copy)		11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)		
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for a continuation/divisional with Box 18 completed)</i>		12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations		
i. <input type="checkbox"/> DELETION OF INVENTOR(S) <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</i>		13. <input type="checkbox"/> Preliminary Amendment		
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>		
		15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>		
		16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.		
		17. <input type="checkbox"/> Other: _____		
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) Prior application information: Examiner _____ of prior application No: _____ / _____ Group / Art Unit: _____				
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.				
19. CORRESPONDENCE ADDRESS				
<input checked="" type="checkbox"/> Customer Number		24247		
		or <input type="checkbox"/> Correspondence address below		
Name				
Address				
City	State	Zip Code		
Country	Telephone	Fax		
Name (Print/Type)	Edgar R. Cataxinos		Registration No. (Attorney/Agent)	39,931
Signature			Date	November 21, 2003

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 394

Complete If Known	
Application Number	To be assigned
Filing Date	November 21, 2003
First Named Inventor	Forsythe et al
Examiner Name	To be assigned
Art Unit	To be assigned
Attorney Docket No.	1957-6012.1US

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Other None
Order

Deposit Account:

Deposit Account Number 20-1469

Deposit Account Name TraskBritt

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify) _____			

SUBTOTAL (1) (\$) 385

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	21 -20 ** = 1	X 9 = 9	= 9
Independent Claims	2 -3 ** = 0	X 0 = 0	= 0
Multiple Dependent		X 0 = 0	

Large Entity	Small Entity	Fee Description
Fee Code	Fee (\$)	Fee Description
1202	18	2202 9 Claims in excess of 20
1201	86	2201 43 Independent claims in excess of 3
1203	290	2203 145 Multiple dependent claim, if not paid
1204	86	2204 43 ** Reissue independent claims over original patent
1205	18	2205 9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 9

*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0

*or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Edgar P. Cataxinos	Registration No. (Attorney/Agent)	39,931	Telephone	801-531-1922
Signature			Date	November 21, 2003	

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This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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